

DAX 2010 Lite Option 2 and 3 Training Webinar

September 22, 2010
1:00 pm CT

Coordinator: Welcome and thank you for standing by. At this time all participants are in a listen-only mode until the question and answer session of today's conference. At that time you may press star 1 on your touchtone phone to ask a question. I would also like to remind parties that this call is being recorded. If you have any objections, you may disconnect at this time. I would now like to turn the call over to Michele Renshaw. Thank you. You may begin.

Michele Renshaw: **[Title Slide]** Thank you. Hello, everyone. Welcome and thank you for attending this afternoon's Webinar for the DAX 2010 Lite Option 2 and 3 Training Session.

[Slide 2] Our agenda today is to go over the learning objectives, since this is a training session. We'll briefly go over the background of CRA and the DAX exercises for those who aren't familiar with it. Then we'll have an overview for both Option 2 and Option 3, as well as a demo for training. Then we'll go over the action items that the participants would need to do in preparation for the exercise. And finally we'll have a list of our upcoming events and any questions.

[Slide 3] Our learning objectives today for both Option 2 and Option 3 are for the project areas to understand the procedures for setup; to review and understand the guidelines for reporting aggregate data; comprehend the process and technical considerations; gain an awareness of the steps for

submitting the aggregate count data; and also to identify and manage any potential quality control concerns for aggregate reporting.

[Slide 4] As many of you are aware, the National Strategy for Pandemic Influenza: Implementation Plan calls for monitoring the appropriate use of scarce pandemic influenza vaccine. So as a result, the CRA system was updated and exercised in 2007 and 2008 to support vaccine doses administered exercising. The system was also used to track and monitor H1N1 doses administered for the initial weeks of the H1N1 vaccine program in 2009.

In all three situations, project areas tracked vaccine doses administered, collected and aggregated the minimum data elements, and transmitted the data weekly to the CDC.

[Slide 5] And I'm sure you all probably have this slide memorized by now, but there's three options available within the CRA system for reporting data.

The first is the Option 1 Data Exchange, which uses a file generated by an IIS or other system to be electronically transmitted to the CDC. Option 2 is Direct Web Entry, which is entry of aggregate counts directly into the CRA system. And Option 3 is Individual Level Data Entry, which captures patient-level information which then becomes aggregated by the system and transmitted to CDC.

[Slide 6] So for 2010, our DAX Lite exercise is a voluntary two-week exercise starting on October 25 and finishing on November 9. The intention of this exercise is to continue and improve the testing of CDC's and the project areas' ability to collect, report, aggregate and analyze doses administered data, and also to maintain a level of engagement with the project areas and provide

a means for you all to stay current with the CRA system. For this exercise, we'll be using the seasonal 2010/2011 flu vaccine as a proxy.

[Slide 7] Some of the guidelines for reporting your aggregate data. You need a minimum of two clinics per week for two consecutive weeks, making a total of four clinics. However, there is no maximum number of clinics. So if you wish to report more, you're more than welcome to.

However we are going to limit the time frame to just the two weeks beginning Monday, October 25, and reporting the final counts on Tuesday, November 9. So the first actual reporting deadline will be Tuesday, November 2. And each project area is responsible for submitting their aggregate doses administered count for the reporting period based on the MMWR week, which is normally a Sunday through Saturday.

The deadline for this reporting period is Tuesday at 11:59 P.M. local time for the reporting jurisdiction. And we just want to emphasize again that this is a voluntary exercise, so we have a shorter time frame and a smaller number of providers to report. But we are very pleased that you are willing to participate.

[Slide 8] We're going to go over a few definitions that we are going to be using in our training and demo today. An event is a public health program or emergency response that requires the administration of countermeasures.

Within CRA we basically have two user roles, and they are based upon user access. Each user will limit the system functions that the person can access. The first role is the public health administrator or PHA, and the other role is the data entry specialist or DES. The PHA has much broader access and has a lot more responsibility within the CRA system.

Now when we use the term organization, this refers to a physical location where the vaccine or the countermeasure will actually be administered.

[Slide 9] I explain this slide a little bit, because this might be a little bit confusing to folks. When we get to the demo, hopefully this will become a little clearer.

For Option 2 for the aggregate report, we're asking you to select the Novel Influenza-H1N1-09, All Formulations option as the vaccine type. The reason for this is that this is a code that was used last year. We thought it would be easier on everyone to use what they were using last year. If you wish to use the other vaccine types, they are clearly available, but you don't have to.

And the reason that the name still says H1N1-09, even though this year's vaccine is going to include H1N1 as well as seasonal flu, is just for historical purposes so we don't change the name as it currently exists. But this is the current name. This is the Code 128, if you all will recall, from the kick-off Webinar that we had discussed. When it shows up on your screen, it will show up with this name.

For Option 3, again, you can use all the same codes if you choose or the same one, the 128, as the Option 2 project areas. And if you also choose, you can collect the individual vaccine and the lot number information.

[Slide 10] We're going to go over some things that are specific just for Option 2 on this particular slide. So some considerations that you need to look into prior to using CRA. Determine how you're going to enter the data into the CRA. The aggregate data is submitted at the project area level only. It's submitted to CDC.

Data can be submitted at the provider level and then confirmed at the project area level. But it's actually only submitted to CDC at the project area level only. You also need to determine who will need access to CRA -- if you're going to have multiple people entering data in, or if it's just going to be one person for this particular exercise.

Another technical consideration that you'll need to investigate is that anyone that is going to be entering data online must have access to the Internet via a Web browser, and they also must have a current SDN digital certificate.

[Slide 11] For Option 3, the considerations are very similar. You also need to determine who will collect and enter data. But you also have to determine what level of detail you want to enter for your vaccination data, and you have to be sure that you have all your data entry staff.

If you have any providers or organizations that you're going to be reporting on, those all have to be entered and assigned to the event in this CRA production system prior to the actual start of the event.

So again, the technical considerations are the same for Option 3 as they are for Option 2. All your staff entering data online must have access to the Internet via the Web browser, unless you're choosing to do this using the CRA offline options.

And if you are choosing to do that, please get in touch with your CRA point-of-contact at CDC, so that we're aware that that's how you're choosing to do it. And then everyone who accesses CRA online must have an SDN digital certificate.

[Slide 12] Some of the things, as you probably would have gathered from the last few slides that you need to do prior to accessing CRA, is you need to acquire or renew your SDN digital certificate. They expire on an annual basis.

So depending on if you had one last year, depending on when you got it, it might actually be expired before we start our exercise. So you might want to go ahead and apply for renewal prior to that date and get it all set up and installed.

And the event name that we're going to use for this exercise is 2010 Vaccine Doses Administered Exercise Lite. That's the event name that you'll use for any setup tasks that you have to do. And we'll be showing you the kind of setup tasks that you may have to perform as well in your demo.

To get into CRA, it's the same as it has been in the past. That has not changed. You go to the Secure Data Network sign-in page, and then select CRA Applications in the activity box on the left.

[Slide 13] Now I'm going to turn it over to Ulrica to give a demonstration of our aggregate data entry using CRA Web Form, which we also call Option 2.

Ulrica Andujar: **[Slide 14]** Thanks, Michele. Of the Option 2 only training portion of today's Webinar, we're going to go through two scenarios -- one where the project area enters and confirms the aggregate count at the project area level, and then the other where providers are entering aggregate counts and then those are all aggregated together, and then the public health administrator confirms at the project area level.

[Slide 15] So some essential tasks related to Option 2 include reporting aggregate counts, which is entering aggregate counts into CRA at the provider

level; confirming aggregate reports; possibly searching for aggregate counts and reports if you need to replace those counts as well.

So with that I'm going to switch over to the CRA system, and I'm going to log in as a public health administrator. So I've logged in as a public health administrator for Georgia, and you'll notice at the top my user role displays here. All the functionality and activities available to a public health administrator display here on the side in the menu options.

For the confirm aggregate reports, I need to go to the Data Collection menu and then the Confirm Aggregate Report. So here you'll notice that my Jurisdiction has defaulted. I now need to select the Event, which as Michele mentioned is 2010 Vaccine Doses Administered Exercise Lite. My Product Type, which is Vaccine Default.

And then the Report Period End Date defaults to the most current report period end date. But I can choose whichever Saturday it is that I'm reporting for, for the Sunday through Saturday MMWR reporting period. So for this aggregate report, I'm going to choose August 21, 2010, and then I'll select Next.

And so again I'm showing just a scenario where a project area goes in and they enter and confirm all at the state level. So as Michele mentioned, data has been collected within the jurisdiction and aggregated, and it's only being entered in one time into CRA.

So the first thing you'll notice, if you have seen a training in the past for prior exercises or H1N1, the Confirm Aggregate Report table previously would have all of the vaccine types that were configured for the event.

And so one of the outcomes or feedback that we got during H1N1 was that if we didn't need to use all of those vaccine types, or if CDC was requesting for just a generic vaccine type, which was the case for H1N1 for Option 2, that it would be easier for project areas to only see the one that they would like to be reported on. So that's why the Novel Influenza-H1N1-09, All Formulations displays.

As Michele mentioned, all of the detailed vaccine types are configured for the event. But again, for direct entry and confirmation of aggregate reports at the same time, it only shows this for ease of view. So you'll notice for the report period end date I've selected, there are no confirmed counts. So I'm now going to click on the Confirm link.

Let me go back and pick another reporting period. I'll just pick another date. I'm sorry about that. Something's going on here with the date. I'll try this again. I'm going to log out and re-log back in for the system here.

I'm going back to Data Collection, Confirm Aggregate Report. And I'll choose my project area and an event. And then select again a Saturday for my report period end date. So again I'm going to now confirm my aggregate report. I'm not sure what's going on there, so I'll pick one that has some counts in there.

If I were entering this at the project area only, I would enter in all of the confirmed counts. These would display as zeros, and then I would just go in and enter those counts as they had been provided to me by my local providers. And so once I confirm those counts, the actual confirmed count would display in the Current Confirmed Count.

In this case I selected a report period end date that already had System Count selected at the provider level. So that is another note to mention here. If I were

confirming counts and data already existed, I could replace that or also verify that those counts were correct.

So the other option is to review counts that were entered at the provider level, as I mentioned. And a report that is available to project areas to view prior to confirming counts is the Countermeasure by Aggregate Group Report link, which displays on the Confirm Aggregate Report screen.

This report here would show the public health administrator that is confirming the count what data has been entered by provider or organization, and also by vaccine type. So here you'll see that for the Atlanta Clinic, a total of 344 counts had been entered in, as well as for a DeKalb County POD, 2410 had been entered, for a total of 2754.

And so I did just replace those counts with a total of 1500. But again, the project area has the option to confirm the counts that are already there or replace those with the most up-to-date or accurate counts that are available.

I also have the option, once I've entered those in, to verify and access a report. So I can choose the Countermeasure by Aggregate Group Confirmed Report, and select the reporting period for which I would like to see data. I can select a range of dates, or I could select just a reporting period by itself.

So here you'll see I've selected a range of dates, and it will show me all the total countermeasures that were dispensed for that reporting period, as well as the individualized list per general population here.

Again, as I mentioned, I'm not sure why I had some issues there with just the Project Area Confirm. This is a training system, so that should not exist in the production version of the system. But again, I'm logging in as a project area

PHA, I can go in straight to Confirm Aggregate Report, enter in my count and verify those all at one time.

Or I can enter in counts at the provider level and then, as a public health administrator, log in to the system, confirm the reports that were entered per provider, and then either accept those counts or override those counts with the most up-to-date and current counts that are available at the time.

If there are any questions at the end, please let us know and then we can come back to the system and look at anything you'd like as far as follow-up questions. I'm now going to switch back to the slide and go to the Option 3 training.

[Slide 16] Option 3 is patient-level data entry.

[Slide 17] The scenario that we'll be using here is that individual patient vaccine doses administered have been collected at the provider level, and they are being entered into CRA by a data entry specialist. A public health administrator can also enter that data into the system, but usually that is a data entry specialist user.

The CRA system will aggregate all of those patient-level individual patient records that were entered in by aggregate groups, and those will then be available for confirmation by a public health administrator. And again, the public health administrator will then log in and confirm those counts before they are sent to CDC.

[Slide 18] Some of the essential tasks to perform with Option 3 are entering patient demographic information and doses administered data collected at the

provider; viewing recently-added patients, as well as again confirming those counts once they've been entered into CRA.

So I'm going to switch back to the system. And I'm logging in as a data entry specialist. You'll notice just on the landing page that the menu options here are not as extensive as a public health administrator. The data entry specialist, as Michele mentioned, is role-based as well as the public health administrator. They only have access to certain tasks within the system.

To enter in individual patients or clients, I'm going to go to Data Collection and Add Patient Countermeasures. My Jurisdiction automatically defaults, and so now I just have to choose my Event -- this is 2010 Vaccine Doses Administered Exercise Lite -- and choose Next.

There are very minimal demographics that have been configured for this event, but project area PHAs that are using Option 3 have the option to go in and customize their form if there are more data elements that they would like to collect in either the Patient Information section or in the Countermeasure Information section.

So I will then select my organization. I have access to three. If there are other organizations that are available within my project area, I will not be able to see that data unless I'm assigned to that organization. And then my Administered Date, it defaults to the current date, but I can also choose another date to enter data if I'm entering in counts post-administration of the vaccine.

As far as the Vaccine Product, those have been configured with all of the vaccine types and the related products that were released actually in recent

MMWR articles, as well as the All Formulations, as Michele mentioned, if you'd like to lump all of those into the generic vaccine type code.

Project areas have the option to customize this section as well, if they'd like to add additional products to that list. And then, of course, the general population tier groups are listed here.

So I'll quickly add in a couple of patients. I click Save and Add Another, and you'll notice that I get the confirmation that the record was saved. But to note is the Countermeasure Information section where all of the information cascades, except for the General Population Aggregate Group selection, which has to be updated per patient that is being entered into the system.

But I could also enter in patients without the demographic information if it's not labeled as required. For this particular screen, the only required field is the patient identifier, which is automatically generated or can be replaced with a specific project area ID if that is available.

I can just continue to do this, taking the appropriate tier and continuing to add patients into the system. This screen also has a few recently added patient links which will show me the last 20 patients that were entered into the system for the current session.

So if you are entering in patients into the system in a POD setting, or even if you are entering them at the desk post-POD, you can go back and see where you were in order as far as entering into the system. I'll now switch back to the public health administrator role to display the confirm screen.

So come to the Data Collection, Confirm Aggregate Report; the Report Period End Date, which would be the current week. And you also can confirm counts

prior to the end of the Saturday of that reporting period if you will not be having any more clinics for that reporting period.

So I'll choose Next, and then you'll notice the System Count of four individuals that I just entered will display there. So, of course, across organizations and across data entry specialist users, those will all be aggregated here in the System Count.

And again, I can access this Countermeasure by Aggregate Group Report as the public health administrator to confirm what counts were entered at the provider level, and verify that it's correct and make changes if necessary. So I'll click Confirm, and then the counts that I entered will display. I could leave these as is or add up-to-date counts if those exist. But here I'll just click Confirm and then Confirm is displayed here in the first column.

I could replace these counts later on in the week, or again in the future if data becomes available. If more patient records have been entered into the system after the reporting period, I can go back in and replace those counts with the most updated ones that are available.

[Slide 19] And so that concludes Option 3 use of CRA. And I'm now going to switch back to the presentation for the final option, which is a blending of reporting Options 2 and 3.

So data is collected at the provider level. And some of those providers enter them in as aggregate counts, and some of those providers enter them in at the individual patient data level. In this case, all of those counts entered in as aggregate as well as individuals will be aggregated together in CRA. And then the public health administrator will confirm that lump sum of counts, just as we had displayed previously.

So I'll log back into the system, and first I'll just enter in some counts at the provider level. I'll choose my Report Period End Date, select Next. My Vaccine Type will display. Again as Michele mentioned, you have the option to enter these in at the detail or at the 128 generic level. I'm going to choose to enter in for All Formulations.

Then you just enter in your count for each of the tier groups. Each of the fields needs to have data in there, so if there were no doses administered for a particular tier, you still have to enter in zero. So I will now click Save and Add Another.

Michele Renshaw: We've been doing a lot of demos, and I think that we're starting to fill up our database.

Ulrica Andujar: Now I will enter in at the individual level. So I go back to Data Collection, Add Patient Countermeasure, choose Next, select my Organization, select my Product, and then begin to choose my Tier Group.

Now I'm going to go and confirm these counts in the system. I've entered in aggregate counts at the provider level as well as individual level counts at the provider level. And so now I go back to the Confirm Aggregate Report screen. My Jurisdiction is defaulted. I select my Event, choose the Report Period End Date that I would like to confirm counts for, which I'm going to select 9/25/2010, and click Next.

You'll notice here that I have a System Count of 517. Those are from the Report, Aggregate Count for DeKalb County that I entered, as well as the individual records from the Atlanta Clinic. So again to verify these counts

before I confirm, I'll select Countermeasure Aggregate Report and view these in detail.

And so again it shows counts for the Atlanta Clinic, and it shows the count for DeKalb County. I can just use this to verify whether that's correct or not. And then I'll select Replace These Counts, and I'm going to accept my new counts as correct and select Replace. I get a confirmation message which I selected Okay for, and my new confirmed counts display here on this screen.

That concludes the blended option of 2 and 3 for entering and confirming. And I'm now going to switch back to the presentation, and turn it back over to Michele.

Michele Renshaw: **[Slide 20]** Thank you, Ulrica. So the next slide is just if you have some provider-supplied aggregate report, and it's mostly if you're doing an Option 2 kind of scenario where you're sending an aggregate. You want to be sure that you aren't double-counting any of the ones that are being sent on paper.

So that's pretty much what this slide shows. If you have any specific questions about that or are going to be doing that in this particular exercise, please give your point-of-contact a call to further explain the considerations for that.

[Slide 21] Here are some reminders for everyone before we get started with our exercise. The first thing is if you want to, you can test your data entry functions for either Option 2 or Option 3 in the demonstration system. There's information here on who you need to contact to get an account set up in that particular system to do that.

Again, these slides will be available on our Web site within a week. However you will need to do some setup tasks prior to the exercise and those will need to be done in the CRA production system.

So you'll need to edit provider organizations that you're going to be using, as well as any staff members for either data entry specialist or public health administrators who are going to be added and going to be using CRA during this event.

Once you add those users and the organizations, you will need to link them together. So you'll need to assign the users to the organizations that they will be entering data for. And then finally you'll need to assign the organizations to this specific event, which again is 2010 Vaccine Doses Administered Exercise Lite.

You also are going to need to determine the process that your project area's going to use to collect and submit data to CRA, which you probably pretty much have already done. Again, ensure all the users of your system that are going to participate in the exercise have an active SDN digital certificate installed on their machine that they're going to be using.

And, as I mentioned, if necessary you'll need to develop any quality control mechanisms for your aggregate report forms if you're getting forms from providers.

[Slide 22] This is the contact information for the CRA team. Barb Nichols is the project lead for the overall Countermeasure Tracking Systems. I am Michele Renshaw, the Task Lead for the DAX 2010 Lite. Guy Faler is the development project manager. Howard Hill is our liaison person with the NCIRD/ISD program, and Sarah Waite is our partner outreach liaison.

[Slide 23] We have some checklists already created, and I believe these are already posted on the Web site for you to use. You can also access this information by going to our main CRA Web site and selecting Pandemic Influenza Activities. And then there's a tab there for DAX 2010, and all the documents are available there.

[Slide 24] For upcoming events, we are going to have one more Webinar before our actual exercise, which we've slated for October 13, just to have an overview and refresher, and for any of those last-minute questions that anyone might have.

Our exercise actually will begin on October 25. And if we feel a need -- or if you all feel a need, let us know -- to have another Webinar or conference call. Let us know and we can have an open session to make it more interactive with you all, so if you think that would be helpful.

[Slide 25] Now I'd like to open it up for any questions.

Coordinator: Thank you. We will now begin the question and answer session. If you would like to ask a question, please press star 1. Please unmute your phone and record your name clearly when prompted. Your name is required to introduce your question. To withdraw your request, press star 2.

One moment please while we wait for the first question. Susan Bascom, your line's now open.

Susan Bascom: Hi, yes, I just have a question about the quick reference guides, and perhaps they're already on the Web that you just mentioned, where they would be. But I was just wondering if they're the same as last year. They were very helpful.

Michele Renshaw: What I mentioned was the checklist. These are pretty similar, because the biggest difference between last year and this year is that we have the different tier groups.

Susan Bascom: Right. We used those in a previous exercise, though, so that we are familiar with that, a little bit.

Michele Renshaw: Right. So for all intents and purposes they're pretty similar. I know I did make a few changes that I can't remember off the top of my head what exactly was different. I think they're pretty minor, though.

Susan Bascom: But the information would be on the Web site for us to download.

Michele Renshaw: Yes. The checklists are currently out there.

Susan Bascom: Okay, great.

Coordinator: And again if you do have any further questions or comments, please press star 1. Again, please press star 1.

I show no further questions.

Michele Renshaw: Thank you. I'm going to go ahead and conclude the Webinar then. Thank you, everyone, for participating, and again our apologies. I know that we've been doing several demonstrations lately with other partners in other areas of CDC, and I think that that may be what happened on our demo site, was that things were getting stepped on.

So those of you who have used Option 2 in the past, you know how it works. And as always, if you have any questions at all, you can send an email to CRA help or to your CRA point-of-contact or any of the other people listed on the contact sheet. And we'll be more than happy to help you out.

We really look forward to your participation, and talking to you again in a few weeks. Thank you very much.

Coordinator: That does conclude today's conference. Thank you for participating. You may disconnect at this time.

END